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MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

September 9, 2010

Present: Nancy Black, Dave Bullins, Terry Burgess, Nancy Carey, Gladys Christian, Zack Commander, Frank Edwards, Virginia Hill, Libby Jones, Mark Long, Carol Messina, Carl Noyes, Paul Russ, Renee Sisk, Amelia Thorpe, Rosemary Weaver and Glenda Woodson.

Absent: Pamela Chevalier, Kathy Crocker, Laura Keeney, and Ron Kendrick.

Staff Present: Beth Melcher, Stuart Berde, Cathy Kocian, Eric Fox, Novella Applewhite, Suzanne Thompson, Barb Kunz, Shealy Thompson, Ken Marsh, Kelly Crosbie, Susan Johnson, Rose Burnette, Mark O'Donnell, Hope Jones, and Trina Titus.

Guests Present: Pam Arizona, Scott Barnes, Bob Carey, Anna Cunningham, Kent Earnhardt, Lotta Fisher, Fred Johnson, Master MacGuire, Dave Richards, Ellen Russell, Gerri Smith, David Taylor, Jr., Judy Taylor, Jillaine VanEssen, and Brianna Woodson.

Presenter & Topic	Discussion	Action
Welcome: Rosemary Weaver, SCFAC Chair	<ul style="list-style-type: none"> • The meeting was called to order at 9:30 AM. • Amelia Thorpe opened the meeting with prayer. Rosemary Weaver welcomed new SCFAC members Dave Bullins, Nancy Carey and Carol Messina. • Cathy Kocian reminded SCFAC members that all SCFAC concerns and issues need to be directed to Rosemary Weaver and Libby Jones. In addition, all Visitors are welcome to purchase the Clarion hotel's lunch buffet for only \$7.95. • In order to assist with paper reduction, meeting handouts will be at a minimum for future SCFAC meetings. SCFAC members receive most state documents and other information through out the month via email. • Rosemary Weaver announced that the Task Team Chairs will begin rotating their attendance at the Division Executive Leadership Team (ELT) meetings. 	<p>The agenda was approved.</p> <p>The September 2010 minutes were approved.</p>
Public Comment/Issues	<ul style="list-style-type: none"> • David Taylor, Jr. explained <i>Money Follows the Person</i> and people in nursing homes or institutions receive funds so that they can move back into the community. The DMA website has information on this project http://www.dhhs.state.nc.us/dma/medicaid/MFP.htm • Master MacGuire, Lotta Fisher, and Scott Barnes, Cumberland CFAC members, invited SCFAC members to attend the upcoming Regional CFAC meeting on October 11, 2010, in Fayetteville NC. Twelve eastern CFAC groups from 53 counties will be in attendance. Steve Jordan, Director Division on MH/DD/SAS will be the opening speaker. 	<p>Master MacGuire will send SCFAC members the final Regional CFAC invitation.</p>
Arc Dave Richard	<ul style="list-style-type: none"> • Dave Richard addressed SCFAC members on the Medicaid Managed Care waiver, and stated that there are currently about 600 Waivers across the country. However, there are only approximately 10 b/c Waiver combos being done. • Habilitative services must be provided in health care, and SCFAC members were asked to consider person centeredness and research the facts. Dave 	

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	<p>mentioned PBH data demonstrates average outcomes and it's not known whether the DD financial piece is part of their current data.</p> <ul style="list-style-type: none"> • Nancy Black inquired how local CFACs can get more information, and Dave stated all the local CFAC members were encouraged to invite him to one of their meetings to discuss the issues. • Rosemary Weaver acknowledged that the SCFAC has two members participating on the Waiver Leadership Team and SCFAC receives regular updates from DMA and Division staff. 	
<p>Alternative Meeting Effectiveness Barb Kunz, Section Chief, Employee and Management Development</p>	<ul style="list-style-type: none"> • Barb Kunz provided SCFAC members with training on <i>Meeting Group Strategies</i> to assist them with identifying outcomes and appropriate tools. It's important for members to keep the focus and begin with the end in mind so members understand the outcome they are seeking. • Members were encouraged to think about their roles as defined by statute, and what are the ways to meet those responsibilities. The vision of DHHS Excels suggests that all meetings produce results, and SCFAC members need to provide the General Assembly and DHHS with advice and recommendations. • Development of the Agenda was discussed and members need to think about the <i>Action</i> they want to occur from the agenda items: <ul style="list-style-type: none"> ○ Each member needs to be mindful of their responsibilities for the upcoming meeting. ○ Members need to prepare and review documents prior to the scheduled meetings. ○ What decisions need to be made? ○ Do conference calls need to take place? ○ What are the questions SCFAC needs to be asking? ○ What are the recommendations being made in regards to the agenda topic? ○ The SCFAC minutes need to be outcome focused. • Barb also presented information on Issues that cause problems in meetings: <ul style="list-style-type: none"> ○ Personal agenda vs. group deliverables. ○ Focus on emotion vs. the issue. ○ Side bar conversations are very distracting. ○ Discussion on topics the group has no control over (i.e. budget). ○ Minority view vs. the majority consensus. • SCFAC members were encouraged to keep the focus and make the best use of the group's time. <ul style="list-style-type: none"> ○ Use of timed agendas ○ Clear set of deliverables that are defined and specific. ○ Negotiate time if the agenda goes over. ○ Know what is needed from each agenda item (i.e. ideas, task, etc) 	<p>SCFAC members requested that Barb Kunz do a training for SCFAC members on <i>How do we work in sub-committees to be more effective in small groups.</i></p>

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	<ul style="list-style-type: none"> ○ Is there a group decision that needs to be made? 	
Discussion with Division Leadership Beth Melcher	<ul style="list-style-type: none"> ● Stuart Berde introduced the new Assistant Secretary for MH/DD/SAS, Beth Melcher. Beth is a psychologist by training and has always worked in the public system helping people from all three disabilities (MH/DD/SAS). She acknowledged personal experience with family members and also stated that her work experience includes many years with NAMI. In addition, Beth worked for the Durham LME as clinical director and for a provider agency that employed many peer specialists. ● DHHS is working to fill some leadership positions, and stated that the role of consumers and family members is very important. SCFAC members were asked to think about a few things: <ul style="list-style-type: none"> ○ Where can the SCFAC be most effective? ○ Where is their expertise? ○ How can the Division effectively communicate changes that are occurring in an effective way? ○ Leadership needs to hear about the issues and possible solutions, and thoughtfully consider what is being communicated. ● Beth accepted the position for several reasons, and she sees herself as a student of change. There has been a paradigm shift in understanding how best to support people. In the past, once people got a diagnosis it was believed that they never got better and all that could be done was symptom management and planning for someone else's life. Today, the state needs to help people recognize that they can get better and recovery should be an expected goal. People with developmental disabilities need to be able to guide their own services and make choices for themselves. ● Secretary Cansler has given Beth Melcher and Steve Jordan some direction for the upcoming years ahead. SCFAC members were asked to consider how the SCFAC can assist with making these changes. Plans included, in no specific order: <ul style="list-style-type: none"> ○ Critical Access Behavioral Healthcare Agencies (CABHAs) have been developed and the agencies are fairly well distributed in NC. It's important to be mindful that people have choice. ○ Provider agencies that don't plan on moving forward with becoming a CABHA have been asked to notify the LME with plans to transition consumers they won't be able to serve. ○ Beth mentioned that they are looking at what is being done for people, and what kinds of services are being offered: <ol style="list-style-type: none"> 1. Are they best practice? 2. Are they promoting recovery? 3. Are we getting the outcomes we want for people? ○ Waivers are moving forward in NC. There is a change 	<p>Beth Melcher will provide SCFAC members with the 4 counties that don't have any CABHAs as of today.</p>

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	<p>happening around the country that's pushing states to be wise stewards of their resources, and manage care of the people served so you don't cause harm either. Mecklenburg will be implementing a Waiver probably around late spring or early July 2011. Then WHN will be implementing a Waiver site.</p> <ul style="list-style-type: none"> • National Health Reform is another big issue and people need to be well informed of the changes that will impact the system. It's estimated that there will be a 33% increase in Medicaid recipients and many people without health insurance will have health coverage according to the benefits that will be available. NC does not have a lot of details from the federal government at this point. Beth suggested SCFAC members attend some of the Health Care forums that are going on in the state, because SCFAC needs to be informed so members can offer expertise when the time comes to review Medicaid benefit plans. • The state budget is under review and all departments were asked to develop budgets that have a 5%, 10%, and 15% reduction in state funds. Medicaid will also be affected with these cuts. Rate cuts and service hour reductions may mean that some service providers won't stay in business. • SCFAC members and visitors asked questions regarding services and business concerns. It's important for people to be mindful of preventive care and services that are medically necessary. The Peer Support Service (PSS) definition is under review at Centers for Medicaid and Medicare (CMS). Community Care NC (CCNC) is playing a huge role in the integration of behavioral and physical health with the development of health care clinics. Kelly Crosbie mentioned the State's contract with ICARE. 	
<p>Medicaid Waiver Ken Marsh, Kelly Crosbie, Rose Burnette, and Susan Johnson</p>	<ul style="list-style-type: none"> • Paul Russ and Frank Edwards are actively participating on the Waiver Leadership Team, and Paul distributed a summary of past meeting discussions. Currently, the Waiver Leadership is developing a new Communication sub-committee to discuss ways to disseminate information to the public. • Kelly Crosbie, DMA, addressed Mecklenburg as a single county Waiver implementation site and the fact that they won't have the same set up as a multi county LME. Based on their county budget, staff hiring and IT developments the implementation date is set for July 1, 2011. Presently, the LME is involved in weekly teleconference calls with the Division and monthly face-to-face meeting in Raleigh. • The Division sent WHN a letter acknowledging the opportunity for WHN to implement a Waiver providing certain conditions were met: <ul style="list-style-type: none"> ○ WHN must go before their county commissioners and get written approval of their support. ○ WHN will need to provide the resources needed for purposes of implementation and development of infrastructure needed for 	

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	<p>the 1915 b/c waiver.</p> <ul style="list-style-type: none"> ○ WHN will need to meet with the State and Mercer to learn the needed areas for development to create a plan of correction. ○ WHN will need to go through 2 readiness reviews similar to what Mecklenburg went through. <ul style="list-style-type: none"> ● The conditions need to be met before WHN can proceed. It's important to remember that the state is seeking LMEs that can do the Waiver implementation versus LMEs that want to do the Waiver. In addition, the State will want assurance from WHN that their local CFAC is involved in the process. ● The Waiver Implementation Workgroup is utilizing the consumer and family members who participated in the RFA process. In addition to involving these individuals additional consumer and family members are being added to the group. These individuals will participate in various parts of the implementation as new LME's are brought on to the Waiver. The purpose for including these individuals and increasing the number of individuals is to ensure that the LME's are involving their CFAC's, stakeholders and educating the public in general on the changes that are occurring as they move to the Waiver environment. Also, these individuals help to bring a different perspective to the process. ● The Mercer report has been posted to the website and can be reviewed at http://www.ncdhhs.gov/mhddsas/waiver/nc1915bcrfaevaluationsreporfinal.pdf ● SCFAC members received Session Law 2010-31 Senate Bill 897 <i>Statewide Expansion of Capitated 1915 bc Behavioral Health Waivers</i>. Nancy Black attends the External Advisory Team (EAT) meetings in Raleigh and recognized the Division for listening to various groups in EAT and changing direction based on recommendations provided. In addition, Kelly Crosbie stated that DMA, DHHS and the Division get feedback daily from stakeholders. ● SCFAC members were asked if they would like to have a Mecklenburg CFAC member attend a future SCFAC meeting to share their involvement with the Waiver process. Plus, Stuart Berde mentioned that the SCFAC could be hosting public forums at the local level in order to help the local CFAC with education. The state and the local CFACS could work together to plan forums and other communication activities. 	<p>Suzanne Thompson agreed to provide the written overview on the addition of consumer and family members participating on the Waiver Implementation Workgroup.</p> <p>Ken Marsh was advised by the SCFAC that they would like to have a Mecklenburg CFAC member attend a future CFAC meeting.</p>
<p>Residential Level Transitions: Level III & IV Mark O'Donnell</p>	<ul style="list-style-type: none"> ● Mark O'Donnell and Hope Jones, LME System Performance Team, presented a PowerPoint on <i>Residential Level Transitions: Levels III and IV</i>. ● <i>Why changes were made?</i> The FY 2009-10 budget reduced the funding levels for Child Residential services at these levels. In fact, many children were placed in high levels of care and medical necessity and clinical applications were in question. 	

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	<ul style="list-style-type: none"> • <i>What did we do?</i> LME System of Care Coordinators, LME staff and other state agencies gathered clinical information to assist in identifying pertinent youth and so to create a comprehensive list for SOC Coordinators to use in prioritizing and triaging relevant youth in residential care. • <i>State Guidance.</i> Per the General Assembly, before a child can be admitted to Level III or IV placement the following shall apply: <ol style="list-style-type: none"> 1. Placement may be a transition from a Psychiatric Residential Treatment Facility (PRTF) or inpatient setting; OR 2. Multisystemic Therapy (MST) or Intensive In-Home (IIH) services did not meet the youth's treatment needs within the last six months and severe functional impairments persist; AND 3. The CFT has reviewed all other alternatives and recommendations and recommends Level II or IV residential placement due to maintaining the health and safety of the child. • <i>What Happened?</i> The length of stay is initially limited to 120 days for all new admissions to child residential services. System of Care Coordinators must include a signed discharge plan in order for the request to be considered. • DMH, UNC Behavioral Health Research Program (BHRP), and Dr. Barbara Burns, Duke University, are conducting a follow-up study to determine the status of the children who were discharged to date. Research shows that no child died nor was any child harmed. A conclusion from this effort is that many children did not need the level of treatment they were placed in. • Mark mentioned that the State is looking at ways to encourage more therapeutic foster care in general across the state. 	
Provider Performance Report Shealy Thompson	<ul style="list-style-type: none"> • Shealy Thompson, Quality Management Team Leader, reviewed the draft Provider Performance Report (PPR). Plus, she discussed some of the feedback received from the SCFAC Services Task Team. • SCFAC members requested that a letter grade be used to identify the quality of providers. • SCFAC members were asked to think of a name for the PPR and submit their suggestions to Shealy. 	<p>The SCFAC Services Task Team will develop a list of questions that consumers and family members can ask when selecting a provider. The list of approved questions will be posted to the SCFAC webpage,</p>
Bylaws Subcommittee	<ul style="list-style-type: none"> • Virginia Hill provided SCFAC members with the subcommittee's recommendations on meeting time, attendance and number of meetings per year. The following changes will be made to the SCFAC bylaws: ARTICLE 8. MEETINGS Section 1. Regular Meetings Members of the SCFAC will meet a minimum of six times a year at the date, place, and time specified by the SCFAC for the purpose of transacting business and electing officers. • The bylaws sub-committee decided to leave attendance as is in Section 	

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	4. Attendance.	
SCFAC Agenda Discussion	<ul style="list-style-type: none"> • SCFAC members discussed the meeting start time and a motion was made and passed unanimously: SCFAC meetings will start at 9:00 am and end at 3:00 pm. • Nancy Black mentioned that the September agenda was all information driven and suggested that there only be 2 topics per agenda (i.e. Waiver, CABHA). In addition: <ul style="list-style-type: none"> ○ The SCFAC Task Teams, SCFAC Waiver Leadership Team Members, and other SCFAC committee members could provide SCFAC members with an update. ○ The Discussion with Division Leadership will always be on the SCFAC meeting agenda. ○ The Task Teams need time to work in their respective groups and then report back to the committee. • SCFAC members voted and passed the following motion: <i>Each meeting will have 2 informational parts from outside sources recommended by one or more Task Teams and the remainder of the meeting will be set for Task Team work.</i> • SCFAC members discussed Public Comment time for visitors and agreed that once the public comment period is over, visitors can not ask questions or participate in the group discussion. • Several SCFAC members reminded the group that individual SCFAC members can't speak for the SCFAC as a whole, and can only comment for themselves. 	
Next Meeting Date	<ul style="list-style-type: none"> • The next meeting is scheduled for November 4, 2010 from 9:00-3:00 P.M. The meeting will be held in the Four Sisters Room at the Clarion Hotel State Capital, 320 Hillsborough Street, Raleigh, N.C. 	
November 2010 Meeting Agenda	<ul style="list-style-type: none"> • Approval of the Agenda • Approval of the September 2010 minutes • SCFAC Bylaws approved • Public Comments/Issues • Discussion with Division Leadership • Service Task Team Project Review - Provider Performance Report • CABHA Presentation • Task Team Work Sessions • Task Team Update • January 2011 Agenda 	